Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD PAIGN DISCLOSURE BD. 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 FOR (AES) AND FORM-GBG IA ETHICS AND FORM-GBG Gift, Bequest, or Grant information of the control of t

Fax: (515)281-3701 www.iowa.gov/ethics



Gift, Bequest, or Grant information received by a department or acceptable by a department or acceptable by the Governor on behalf of the state

For office use only Indexed Audited

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will

EPARTMENT OR OFFICE RECEIVING THE	GIFT, BEQUEST, OR GRANT:	
Governor's Office		
Name of Department or Office 1007 East Grand	Des Moines, IA 50319	
Mailing Address	City, State, Zlp Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPAR	ITMENT OR OFFICE:	
Kristin Hardt	•	
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
kristin.hardt@iown.gov Email Address	515/281-3502 Area Code & Telephone Number (if different from above)	
Name 2027 121st Street Lirbanda	No. 14 50323	
Urbandale Iowa Fire Department-Jerry Holt	, Fire Chief	
· · · · · · ·	ale, IA 50323	
Mailing Address City, State,	Zip Code /0/5/09 \$ 6,000.00	
515/278-3970	Date of Giff, Bequest, or Grant Amount/Value*	
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
Provide a description of the gift, bequest, or grant a	ind purpose thereof:	
Twenty-two sets of firefighter structure are to be used by the fire Servi	iral coats, and twenty-five sets of firefighter structural pants. These ite	
Criteria to use this form:		

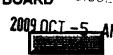
Statement of Affirmation:

I. Kristin Hardt affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Revised 06/05

IA ETHICS AND FORM-GBG 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



Gift, Bequest, or Grant information received by a department or adepted by the Governor on behalf of the state

For office use only Indexed

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics

and Campaign Disclosure Board and the Governmen provide a copy of this report to the Government Over filed within 20 days of receipt of the gift, bequest, or g	sight Committee. This form is required to be Checked
DEPARTMENT OR OFFICE RECEIVING THE GIFT	BEQUEST, OR GRANT:
Governor's Office	
Name of Department or Office 1007 E. Grand	Des Moines, IA 50319
Mailing Address 515/281/3592	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTME	NT OR OFFICE:
Kristin Hardt	
Name	
Mailing Address (if different from above) Kristin,Hardi@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
Name 102 E Hemlock Street Pella, IA 502 Mailing Address City, State, Zip C 641/ 628-3963 Area Code & Telephone Number Email Address (optional) Provide a description of the gift, bequest, or grant and put	Date of Gift/Bequest, or Grant Amount/Value* *Value is defined as "fair market value" of Item as determined by receiving department or office. If no value mark "0.00". **Troose thereof:
Monetary donation to the Iowa State Patroused while presenting the NetSmartz International Control of the Iowa State Patroused while presenting the NetSmartz International Control of the Iowa State Patroused Co	ol Safety Education Program to assist with the cost of supplies rnet Safety Program.
Criteria to use this form: Receipt of any gift, bequest, or grant that is received by a	nny department of the state or received by the Governor on behalf of the state.
tatement of Affirmation: Kristin Hardtaffirm that the gift, bequest, oner and assessment of the fair market value (if applicable)	or grant reported above is accurate. I further affirm that the information concerning the is correct and true to the best of my knowledge.
King Huset	10/5/19

Signature